Each provider must complete a single CADR for all clients served during the reporting period.

SECTION 1. SERVICE PROVIDER INFORMATION

Section 1 (Items 1–22) should be completed by all service providers funded through Ryan White CARE Act Titles I, II, III, and IV. For the definition of service provider, please refer to the instructions for completing this form.

Part 1.1. Provider and Agency Contact Information

1. Provider name:

_____

2. Provider address:

a. Street: _____

b. City: _____ State: _____

c. ZIP Code: __ __ __ __ __ - __ __ __ __

d. Taxpayer ID #: __ __ - __ __ __ __ __ __ __

3. Contact information:

a. Name: _____

b. Title: _____

c. Phone #: (__ __ __) __ __ __ - __ __ __ __

d. Fax #: (__ __ __) __ __ __ - __ __ __ __

e. E-mail: _____

4. Person completing this form:

a. Name: _____

b. Phone #: (__ __ __) __ __ __ - __ __ __ __

c. E-mail: _____

Part 1.2. Reporting and Program Information

5. Calendar year for reporting: (mm/dd/yyyy)

Start date: __ __ / __ __ / __ __ __ __

End date: __ __ / __ __ / __ __ __ __

6. Reporting scope: __ __ *(Select only one.)*

01 = **ALL** clients receiving a service **ELIGIBLE** for Title I, II, III, or IV funding

02 = **ONLY** clients receiving a Title I, II, III, or IV **FUNDED** service

Remember: All grantees and providers must use reporting scope "01" unless they have permission from their HRSA project officer to use "02." All subsequent items regarding "clients" should be answered relative to the reporting scope you select here.

7. Provider type:

a. (*Select only one.)*

- ☐ Hospital or university-based clinic
- ☐ Publicly funded community health center
- ☐ Publicly funded community mental health center
- ☐ Other community-based service organization (CBO)
- ☐ Health department
- ☐ Substance abuse treatment center
- ☐ Solo/group private medical practice
- ☐ Agency reporting for multiple fee-for-service providers
- ☐ PLWHA coalition
- ☐ VA facility
- ☐ Other facility

b. Did you receive funding under Section 330 of the Public Health Service Act (funds community health centers, migrant health centers, and health care for the homeless) during this reporting period?

☐ Yes ☐ No ☐ Don't know/unsure

8. Ownership status:

a. *(Select only one.)*

- ☐ Public/local
- ☐ Public/State
- ☐ Public/Federal
- ☐ Private, nonprofit *(Go to Item 8b)*
- ☐ Private, for-profit
- ☐ Unincorporated
- ☐ Other

b. *If "Private, nonprofit" was selected in Item 8a*, is your organization faith-based?

☐ Yes ☐ No

9. Did your organization receive Minority AIDS Initiative (MAI) funds during this reporting period?

☐ Yes ☐ No ☐ Don't know/unsure

Each provider must complete a single CADR for all clients served during the reporting period.

10. Source of Ryan White CARE Act funding: *(Check all that apply.)*

☐ Title I
Name of grantee(s):
1. _____
2. _____
3. _____

☐ Title II
Name of grantee(s):
1. _____
2. _____
3. _____

☐ Title III EIS
Name of grantee(s):
1. _____
2. _____
3. _____

☐ Title IV
Name of grantee(s):
1. _____
2. _____
3. _____

☐ Title IV Adolescent Initiative
Name of grantee(s):
1. _____
2. _____
3. _____

11. Title I funding

a. Total amount of Title I funding received during this reporting period *(rounded to the nearest dollar)*:

$_____

b. Of the amount in Item 11a, how much is from the Minority AIDS Initiative *(rounded to the nearest dollar)*:

$_____

12. Title II funding

a. Total amount of Title II funding received during this reporting period *(rounded to the nearest dollar)*:

$_____

b. Of the amount in Item 12a, how much is from the Minority AIDS Initiative?

$_____

13. Title III EIS funding

a. Total amount of Title III EIS funding received during this reporting period *(rounded to the nearest dollar)*:

$_____

b. Of the amount in Item 13a, how much is from the Minority AIDS Initiative *(rounded to the nearest dollar)*:

$_____

14. Title IV funding

a. Total amount of Title IV funding received during this reporting period *(rounded to the nearest dollar)*:

$_____

b. Of the amount in Item 14a, how much is from the Minority AIDS Initiative *(rounded to the nearest dollar)*:

$_____

15. Amount of Title I, II, III, or IV Ryan White CARE Act funds EXPENDED on *oral* health care during this reporting period *(rounded to the nearest dollar)***:**

$_____

16. During this reporting period, did you provide the grantee with support in . . . ? *(See instructions for definitions; Check "Yes" or "No" for each service.)*

a. Planning or evaluation	☐ Yes	☐ No
b. Administrative or technical support	☐ Yes	☐ No
c. Fiscal intermediary services	☐ Yes	☐ No
d. Technical assistance	☐ Yes	☐ No
e. Capacity development	☐ Yes	☐ No
f. Quality management	☐ Yes	☐ No

☐ Check this box if the services listed in Item 16 were the **only** services you provided using CARE Act funding. If so, **STOP HERE** and do not complete the remainder of this form.

***NOTE:** Those who provided a direct service other than those listed in Item 16 should continue with Item 17a.*

***NOTE:** Third party administrators who processed fee-for-service reimbursements to providers of eligible services should continue with Item 17a.*

Each provider must complete a single CADR for all clients served during the reporting period.

17. a. Did you administer an AIDS Drug Assistance Program (ADAP) or local AIDS Pharmaceutical Assistance (APA) program that provides HIV/AIDS medication to clients during this reporting period?

- ☐ Yes
- ☐ No *(Skip to Item 18.)*

b. *If "Yes" to Item 17a,* type of program administered:

- ☐ State ADAP
- ☐ Local APA program that provides HIV/AIDS medication to clients

If the ONLY type of program you administered was an ADAP, and you offered no other services under the CARE Act during this reporting period, STOP HERE. You are finished with this form.

18. Did you provide a Health Insurance Program (HIP) during this reporting period? *(Do not include health insurance funded under ADAP as a part of HIP.)*

- ☐ Yes, and this was the **only** service your agency provided with CARE Act funding during this reporting period. *(Skip to Section 7.)*
- ☐ Yes, and your agency provided other services with CARE Act funding during this reporting period.
- ☐ No

19. Indicate which of the following populations were especially targeted for outreach or services during this reporting period. *(Check box for each group targeted.)*

- ☐ Migrant or seasonal workers
- ☐ Rural populations other than migrant or seasonal workers
- ☐ Women
- ☐ Children
- ☐ Racial/ethnic minorities/communities of color
- ☐ Homeless
- ☐ Gay, lesbian, and bisexual youth
- ☐ Gay, lesbian, and bisexual adults
- ☐ Incarcerated individuals
- ☐ All adolescents
- ☐ Runaway or street youth
- ☐ Injection drug users
- ☐ Non-injection drug users
- ☐ Parolees
- ☐ Other (specify:_____)

20. Which of the following categories describes your agency? *(Check all that apply.)*

- ☐ An agency in which racial/ethnic minority group members make up more than 50% of the agency's board members
- ☐ Racial/ethnic minority group members make up more than 50% of the agency's professional staff members in HIV direct services
- ☐ Solo or group private health care practice in which more than 50% of the clinicians are racial/ethnic minority group members
- ☐ Other "traditional" provider that has historically served racial/ethnic minority clients but does not meet any of the criteria above
- ☐ Other type of agency or facility

21. Total paid staff, in FTEs, funded by any Title of the CARE Act:

_____ Paid staff FTEs

22. Total volunteer staff, in FTEs, dedicated to HIV care:

_____ Volunteer staff FTEs

Each provider must complete a single CADR for all clients served during the reporting period.

SECTION 2. CLIENT INFORMATION

*Service providers from **all Titles** should complete this section. Clients reported in this section should include your HIV-infected, HIV-indeterminate, and affected population, whether receiving medical care or social support services. Affected clients include those who are HIV-negative as well as those with unknown HIV status. An affected client must be linked to a client infected with HIV/AIDS. A client who is indeterminate is a child under the age of 2, born to a mother who is HIV-infected, and whose status is not yet definite.*

Remember your reporting scope. If you chose reporting scope "01" in Item 6, provide information on all clients who received a service eligible for CARE Act funding. If you chose reporting scope "02" in Item 6, include only clients who received services funded by Titles I, II, III, and/or IV.

23. Total number of unduplicated clients:

_____ HIV-positive
_____ HIV-indeterminate (under 2 years)
_____ HIV-negative (affected)
_____ Unknown/unreported (affected)
_____ Total

24. Total number of new clients:

_____ HIV-positive
_____ HIV-indeterminate (under 2 years)
_____ HIV-negative (affected)
_____ Unknown/unreported (affected)
_____ Total

25. Gender:

Number of clients:	*HIV-positive/ indeterminate*	*HIV-affected*
Male		
Female		
Transgender		
Unknown/unreported		
Total		

26. Age (at the end of reporting period):

Number of clients:	*HIV-positive/ indeterminate*	*HIV-affected*
Under 2 years		
2–12 years		
13–24 years		
25–44 years		
45–64 years		
65 years or older		
Unknown/unreported		
Total		

27. Race/Ethnicity:

Number of clients:	*HIV-positive/ indeterminate*	*HIV-affected*
White (not Hispanic)		
Black or African American (not Hispanic)		
Hispanic or Latino(a)		
Asian		
Native Hawaiian or Other Pacific Islander		
American Indian or Alaska Native		
More than one race		
Unknown/unreported		
Total		

Each provider must complete a single CADR for all clients served during the reporting period.

28. Household income (at the end of reporting period):

Number of clients:	*HIV-positive/ indeterminate*	*HIV-affected*
Equal to or below the Federal poverty level		
101–200% of the Federal poverty level		
201–300% of the Federal poverty level		
> 300% of the Federal poverty level		
Unknown/unreported		
Total		

29. Housing/living arrangements (at the end of reporting period):

Number of clients:	*HIV-positive/ indeterminate*	*HIV-affected*
Permanently housed		
Non-permanently housed		
Institution		
Other		
Unknown/unreported		
Total		

30. Medical insurance (at the end of reporting period):

Number of clients:	*HIV-positive/ indeterminate*	*HIV-affected*
Private		
Medicare		
Medicaid		
Other public		
No insurance		
Other		
Unknown/unreported		
Total		

31. HIV/AIDS status (at the end of reporting period):

Number of clients:	*HIV-positive/ indeterminate*	*HIV-affected*
HIV-positive, not AIDS		
HIV-positive, AIDS status unknown		
CDC-defined AIDS		
HIV-indeterminate (under 2 years)		
HIV-negative (affected clients only)		
Unknown/unreported (affected clients only)		
Total		

32. Clients' vital/enrollment status (at the end of reporting period):

Number of clients:	*HIV-positive/ indeterminate*	*HIV-affected*
Active client, new to program		
Active client, continuing in program		
Deceased		
Inactive		
Unknown/unreported		
Total		

Each provider must complete a single CADR for all clients served during the reporting period.

SECTION 3. SERVICE INFORMATION

*Service providers from **all Titles** should complete this section. **Read the instructions carefully concerning reporting of services offered to HIV-affected clients.** If you offered a particular service, check the box in column 2 and list the number of clients and the total number of visits for the appropriate service categories. If you offered a particular service but do not know the number of clients or visits during the reporting period, check the unknown box. Include HIV-indeterminate clients in the HIV+ column. **Only** Title IV funded agencies may report services to affected clients in rows a-i. If you do not receive Title IV funding, do not complete these boxes for affected clients.*

33. Services offered, number of clients served, and total number of visits during this reporting period:

1	2	3a		3b	4a		4b
Service Categories	Check if service was offered	Total # of unduplicated clients		Check if # of clients unknown	Total # of visits during reporting period		Check if # of visits unknown
		HIV+	Affected		HIV+	Affected	
a. Ambulatory/outpatient medical care	☐		Affected client cells in rows a-i are now open for Title IV grantees only.	☐		Affected client cells in rows a-i are now open for Title IV grantees only.	☐
b. Mental health services	☐			☐			☐
c. Oral health care	☐			☐			☐
d. Substance abuse services–outpatient	☐			☐			☐
e. Substance abuse services–residential	☐			☐			☐
f. Rehabilitation services	☐			☐			☐
g. Home health: para-professional care	☐			☐			☐
h. Home health: professional care	☐			☐			☐
i. Home health: specialized care	☐			☐			☐
j. Case management services	☐			☐			☐
k. Buddy/companion service	☐			☐			
l. Child care services	☐			☐			
m. Child welfare services	☐			☐			
n. Client advocacy	☐			☐			
o. Day or respite care for adults	☐			☐			
p. Developmental assessment/early intervention services	☐			☐			
q. Early intervention services for Titles I and II	☐			☐			
r. Emergency financial assistance	☐			☐			
s. Food bank/home-delivered meals	☐			☐			
t. Health education/risk reduction	☐			☐			
u. Housing services	☐			☐			
v. Legal services	☐			☐			
w. Nutrition counseling/medical nutrition therapy	☐			☐			
x. Outreach services	☐			☐			
y. Permanency planning	☐			☐			
z. Psychosocial support services	☐			☐			
aa. Referral for health care/supportive services	☐			☐			
ab. Referrals to clinical research	☐			☐			
ac. Residential or in-home hospice care	☐			☐			
ad. Transportation services	☐			☐			
ae. Treatment adherence counseling	☐			☐			
af. Other services	☐			☐			

Each provider must complete a single CADR for all clients served during the reporting period.

SECTION 4. HIV COUNSELING AND TESTING

Title I, II, III, and IV grantees/service providers who selected the eligible reporting scope "01" in Item 6, and provided HIV-antibody counseling and testing during this report period, must report on all items in Section 4. Those who selected the funded reporting scope "02" in Item 6, and provided HIV-antibody counseling and testing, but did not use CARE Act funds for this testing during this report period, should respond to Item 34 and Item 35, then skip to Section 5.

NOTE: Based on Ryan White CARE Act reauthorization, HIV counseling and testing are funded as components of Early Intervention Services for Titles I and II. HIV counseling and testing is a required component of a Title III program. Title IV funds may be used to support these services.

*Report only on the number of individuals who received HIV counseling and testing during the reporting period. Unless these individuals received at least one of the services listed in Section 3, they are **NOT** considered clients.*

34. a. Was HIV counseling and testing provided as part of your program during this reporting period?

☐ Yes *(Continue.)*

☐ No *(Skip to Section 5.)*

b. Indicate the total number of infants tested during this reporting period.

_____ Number of infants tested

35. Were Ryan White CARE Act funds used to support HIV counseling and testing services during this reporting period?

☐ Yes *(Continue.)*

☐ No *(Skip to Section 5 if you selected scope "02" and do not wish to continue with this section.)*

36. How many individuals received HIV pretest counseling during this reporting period?

Number of:

_____ Confidential

_____ Anonymous

(If answer to both categories is "0," skip to Item 41a.)

37. Of the individuals who received HIV pretest counseling *(Item 36 above)***, how many were tested for HIV antibodies during this reporting period?**

Number of:

_____ Confidential

_____ Anonymous

38. Of the individuals who received pretest counseling and were tested for HIV antibodies *(Item 37 above)***, how many had a positive test result during this reporting period?**

_____

39. Of the individuals who received HIV-pretest counseling and were tested for HIV antibodies *(Item 37 above)***, how many received HIV-posttest counseling during this reporting period, regardless of test results?**

Number of:

_____ Confidential

_____ Anonymous

40. Of the individuals who tested POSITIVE *(Item 38 above)***, how many did NOT return for HIV-posttest counseling during this reporting period?**

_____

41. a. Did your program offer partner notification services during this reporting period?

☐ Yes

☐ No *(Skip to Section 5.)*

b. *If "Yes" in Item 41a,* how many at-risk partners were notified during this reporting period?

_____

Each provider must complete a single CADR for all clients served during the reporting period.

SECTION 5. MEDICAL INFORMATION

*This section should be completed by **all medical service providers** funded through Ryan White CARE Act Titles I, II, III, or IV. This section should include only clients who were **HIV-positive/indeterminate** and had at least one ambulatory/outpatient medical care visit during the reporting period.*

42. Total number of unduplicated clients with visits for ambulatory medical care by gender:

_____ Male
_____ Female
_____ Transgender
_____ Unknown/unreported
_____ Total

43. For all clients with visits for ambulatory/outpatient medical care *(total in Item 42 above)***, indicate the number of clients with:**

_____ 1 ambulatory/outpatient medical care visit
_____ 2 visits
_____ 3-4 visits
_____ 5 or more visits
_____ Number for whom visit count is unknown

44. Total number of clients who were HIV-positive with each of the listed risk factors for HIV infection:

Individuals with more than one reported mode of exposure to HIV are counted in the exposure category listed first in the hierarchy, except for individuals with a history of both homosexual/bisexual contact and injection drug use. They are counted in the separate category, MSM and IDU.

_____ Men who have sex with men (MSM)
_____ Injection drug user (IDU)
_____ Men who have sex with men and injection drug user (MSM and IDU)
_____ Hemophilia/coagulation disorder
_____ Heterosexual contact
_____ Receipt of transfusion of blood, blood components, or tissue
_____ Mother with/at risk for HIV infection (perinatal transmission)
_____ Other
_____ Undetermined/unknown/risk not reported or identified
_____ Total

45. Number of clients *(reported in Item 42)* **who received HIV-medical services from your agency for the first time during this reporting period:**

_____ New clients

46. Of the clients who were new to HIV-medical services *(Item 45 above)***, indicate how many received the following tests at least once during this reporting period:**

_____ CD4 Count
_____ Viral Load

47. Tuberculosis (TB) skin test:

a. Number of clients for whom a PPD skin test was indicated during this reporting period:

_____

b. Of those clients reported in Item 47a above, list the number of clients who received a PPD skin test during this reporting period:

_____

c. Of those clients reported in Item 47b above, how many were**:**

_____ Negative (< 5mm)
_____ Positive (≥ 5mm)
_____ Unknown (did not return for reading; lost to follow-up)

d. Of those clients who tested positive in Item 47c above, how many received:

_____ Treatment of Latent Tuberculosis Infection (LTBI)
_____ Treatment for active TB disease
_____ Unknown/lost to follow-up

e. Of those listed who started treatment *(in Item 47d)*, how many:

_____ Completed treatment of LTBI
_____ Completed treatment for active TB disease
_____ Are currently undergoing treatment for either LTBI or active TB disease
_____ Are unknown, lost to follow-up, or did not complete treatment

Each provider must complete a single CADR for all clients served during the reporting period.

48. Number of clients who received each of the following at any time during this reporting period:

_____ Screening/testing for syphilis

_____ Treatment for syphilis

_____ Screening/testing for any sexually transmitted infection (STI) other than syphilis and HIV

_____ Treatment for an STI (other than syphilis and HIV)

_____ Screening/testing for hepatitis C

_____ Treatment for hepatitis C

49. Number of clients who were newly diagnosed with AIDS during this reporting period *(See instructions for the criteria for an AIDS diagnosis)*:

_____

50. Number of HIV-positive clients known to have died during this reporting period:

_____

51. Number of clients on the following type of antiretroviral therapies at the end of the reporting period:

_____ None

_____ HAART

_____ Other (mono or dual therapy)

_____ Unknown/unreported

_____ Total

52. Number of women who received a pelvic exam and Pap smear during this reporting period:

_____

53. Pregnancy:

a. Number of women who were HIV-positive and were pregnant during this reporting period:

_____

b. Number of pregnant women *(Item 53a above)*, who entered care in the:

_____ First trimester

_____ Second trimester

_____ Third trimester

_____ At time of delivery

_____ Total

c. Number of pregnant women *(Item 53a above)*, who received antiretroviral medications to prevent the transmission of HIV to their children:

_____

d. Number of infants delivered to pregnant women (*Item 53a above)*:

_____

e. Report the HIV status at the end of the reporting period of the infants delivered (*Item 53d above*):

_____ HIV-positive, confirmed

_____ HIV-indeterminate

_____ HIV-negative, confirmed

54. What type of quality management program did your agency use to assess services by medical providers during this reporting period? *(Check only one.)*

☐ None

☐ Quality management program introduced this reporting period

☐ Established quality management program

☐ Established program with new quality standards added this reporting period

Each provider must complete a single CADR for all clients served during the reporting period.

SECTION 6. DEMOGRAPHIC TABLES/TITLE-SPECIFIC DATA FOR TITLES III AND IV

Part 6.1 should be completed by Title III grantees/service providers. Part 6.2 should be completed by Title IV grantees/service providers. Title I and II grantees should skip to Section 7.

Part 6.1. Title III Information

Part 6.1 should be completed only by Title III grantees/service providers. Include all of your Title III Early Intervention Service (EIS) clients in this table. These are clients who are HIV-positive and have received at least one primary health care service during the reporting period, regardless of the funding source for that service.

The number of clients reported in Section 6.1 should be less than or equal to the number of unduplicated HIV-positive/indeterminate clients reported in Section 2.

If the number of clients reported in Section 6.1 is equal to the number of unduplicated HIV-positive/indeterminate clients reported in Section 2, check here. ☐ *(Skip to Item 59.)*

55. a. Total number of unduplicated clients during this reporting period who were:

_____ HIV-positive

_____ HIV-indeterminate (under 2 years)

b. Number of unduplicated HIV-positive/indeterminate clients who were <u>new</u> clients during this reporting period

_____

56. Gender (of HIV-positive/indeterminate clients) reported in Item 55a:

_____ Male

_____ Female

_____ Transgender

_____ Unknown/unreported

_____ Total

57. Age (of HIV-positive/indeterminate clients) reported in Item 55a:

_____ Under 2 years

_____ 2–12 years

_____ 13–24 years

_____ 25–44 years

_____ 45–64 years

_____ 65 years or older

_____ Unknown/unreported

_____ Total

58. Race/Ethnicity (of HIV-positive/indeterminate clients) reported in Item 55a:

_____ White (not Hispanic)

_____ Black or African American (not Hispanic)

_____ Hispanic or Latino(a)

_____ Asian

_____ Native Hawaiian or Other Pacific Islander

_____ American Indian or Alaska Native

_____ More than one race

_____ Unknown/unreported

_____ Total

Each provider must complete a single CADR for all clients served during the reporting period.

59. Number of clients who were HIV-positive/indeterminate who received at least one primary health care service during this reporting period by race/ethnicity, gender, and age.

Race/Ethnicity	Gender	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
White (not Hispanic)	Male								
	Female								
	Transgender								
	Unknown/ unreported								
Black or African American (not Hispanic)	Male								
	Female								
	Transgender								
	Unknown/ unreported								
Hispanic or Latino(a)	Male								
	Female								
	Transgender								
	Unknown/ unreported								
Asian	Male								
	Female								
	Transgender								
	Unknown/ unreported								
Native Hawaiian or Other Pacific Islander	Male								
	Female								
	Transgender								
	Unknown/ unreported								
American Indian or Alaska Native	Male								
	Female								
	Transgender								
	Unknown/ unreported								
More than one race	Male								
	Female								
	Transgender								
	Unknown/ unreported								
Unknown/ unreported	Male								
	Female								
	Transgender								
	Unknown/ unreported								
Total	Male								
	Female								
	Transgender								
	Unknown/ unreported								

Each provider must complete a single CADR for all clients served during the reporting period.

60. Number of clients who were HIV-positive/indeterminate who received at least one primary health care service during this reporting period by HIV exposure category, gender, and race/ethnicity.

HIV Exposure Category	Gender	White (not Hispanic)	Black or African American (not Hispanic)	Hispanic or Latino(a)	Asian	Native Hawaiian or Other Pacific Islander	American Indian/ Alaska Native	More than one race	Race/ ethnicity unknown	Total
Men who have sex with men (MSM)	Male									
	Female									
	Transgender									
	Unknown/ unreported									
Injection drug user (IDU)	Male									
	Female									
	Transgender									
	Unknown/ unreported									
MSM and IDU	Male									
	Female									
	Transgender									
	Unknown/ unreported									
Hemophilia/ coagulation disorder	Male									
	Female									
	Transgender									
	Unknown/ unreported									
Heterosexual contact	Male									
	Female									
	Transgender									
	Unknown/ unreported									
Receipt of transfusion of blood, blood components, or tissue	Male									
	Female									
	Transgender									
	Unknown/ unreported									
Mother with/at risk for HIV infection (perinatal transmission)	Male									
	Female									
	Transgender									
	Unknown/ unreported									
Other	Male									
	Female									
	Transgender									
	Unknown/ unreported									
Unknown/ unreported	Male									
	Female									
	Transgender									
	Unknown/ unreported									
Total	Male									
	Female									
	Transgender									
	Unknown/ unreported									

Each provider must complete a single CADR for all clients served during the reporting period.

61. Number of clients who were HIV-positive/indeterminate who received at least one primary health care service during this reporting period by HIV exposure category, gender, and age.

HIV Exposure Category	Gender	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
Men who have sex with men (MSM)	Male								
	Female								
	Transgender								
	Unknown/ unreported								
Injection drug user (IDU)	Male								
	Female								
	Transgender								
	Unknown/ unreported								
MSM and IDU	Male								
	Female								
	Transgender								
	Unknown/ unreported								
Hemophilia/ coagulation disorder	Male								
	Female								
	Transgender								
	Unknown/ unreported								
Heterosexual contact	Male								
	Female								
	Transgender								
	Unknown/ unreported								
Receipt of transfusion of blood, blood components, or tissue	Male								
	Female								
	Transgender								
	Unknown/ unreported								
Mother with/at risk for HIV infection (perinatal transmission)	Male								
	Female								
	Transgender								
	Unknown/ unreported								
Other	Male								
	Female								
	Transgender								
	Unknown/ unreported								
Unknown/ unreported	Male								
	Female								
	Transgender								
	Unknown/ unreported								
Total	Male								
	Female								
	Transgender								
	Unknown/ unreported								

Each provider must complete a single CADR for all clients served during the reporting period.

62. Cost and revenue of primary care* and other programs† during this reporting period:

a. Total cost of providing service:

$_____ Primary care

$_____ Other program

b. Title III grant funds **expended**:

$_____ Primary care (excluding pharmaceuticals)

$_____ Other program

$_____ Pharmaceuticals

c. Direct collections from clients:

$_____ Primary care

$_____ Other program

d. Reimbursements received from third party payer:

$_____ Primary care

$_____ Other program

e. All other sources of income:

$_____ Primary care

$_____ Other program

*Includes medical, subspecialty care, dental, nutrition, mental health and substance abuse treatment, and pharmacy services; radiology, laboratory and other tests for diagnosis and treatment planning; HIV counseling and testing; and the cost of making and tracking referrals for medical care.

†Includes case management and eligibility assistance, outreach, social work, prevention education, and harm reduction. If you are providing a Title III-eligible service, include it, even if it is not being funded under your grant.

63. a. Were services available through your Early Intervention Services (EIS) program provided at more than one site during this reporting period?

☐ Yes

☐ No *(Skip to Item 64.)*

b. *If "Yes" to Item 63a,* number of sites at which Early Intervention Services were provided during this reporting period:

_____

64. Please indicate which of the following primary health care services were made available to your clients who were HIV-positive during this reporting period. *(Choose "Yes, within the EIS program" if you offered the service directly and/or through a contractual relationship with another service provider. Choose "Yes, through referral" if it was offered by another agency with which you had no remunerative relationship but to whom you referred. Choose "No" if the service was not available.)*

	Yes, within the EIS program ▼	Yes, through referral ▼	No ▼
a. Ambulatory/outpatient medical care	☐		
b. Dermatology	☐	☐	☐
c. Dispensing of pharmaceuticals	☐	☐	☐
d. Gastroenterology	☐	☐	☐
e. Mental health services	☐	☐	☐
f. Neurology	☐	☐	☐
g. Nutritional counseling/medical nutrition therapy	☐	☐	☐
h. Obstetrics/gynecology	☐	☐	☐
i. Optometry/ophthalmology	☐	☐	☐
j. Oral health care	☐	☐	☐
k. Rehabilitation services	☐	☐	☐
l. Substance abuse services	☐	☐	☐
m. Other services	☐	☐	☐
n. Not applicable	☐		

65. During this reporting period, how many unduplicated clients who were HIV-positive were referred outside the EIS program for any primary health care service that was not available within the EIS program?

_____

Each provider must complete a single CADR for all clients served during the reporting period.

Part 6.2. Title IV Information

Part 6.2 should be completed only by Title IV grantees/service providers. Report on the Title IV clients who were HIV-infected as well as the affected partner/ family member(s) of clients who were HIV-positive. Include only those clients who received Title IV services. An indeterminate client is a child under the age of 2, born to a mother who is HIV-infected, and whose status is not yet definite.

The number of clients reported in Section 6.2 should be less than or equal to the number of unduplicated clients reported in Section 2.

If the number of clients reported in Section 6.2 is equal to the number of unduplicated clients reported in Section 2, check here. ☐ *(Skip to Item 71.)*

66. Total number of unduplicated clients during this reporting period who were:

_____ HIV-positive

_____ HIV-indeterminate (under 2 years)

_____ HIV-negative/unknown

67. Total number of NEW unduplicated clients during this reporting period who were:

_____ HIV-positive

_____ HIV-indeterminate (under 2 years)

_____ HIV-negative/unknown

68. Gender:

Number of clients:	*HIV-positive/ indeterminate*	*HIV-affected*
Male		
Female		
Transgender		
Unknown/unreported		
Total		

69. Age:

Number of clients:	*HIV-positive/ indeterminate*	*HIV-affected*
Under 2 years		
2–12 years		
13–24 years		
25–44 years		
45–64 years		
65 years or older		
Unknown/unreported		
Total		

70. Race/Ethnicity:

Number of clients:	*HIV-positive/ indeterminate*	*HIV-affected*
White (not Hispanic)		
Black or African American (not Hispanic)		
Hispanic or Latino(a)		
Asian		
Native Hawaiian or Other Pacific Islander		
American Indian or Alaska Native		
More than one race		
Unknown/unreported		
Total		

Each provider must complete a single CADR for all clients served during the reporting period.

71. Number of clients during this reporting period by gender, HIV status, and age.

Gender	HIV Status	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
Male	HIV+/indeterminate								
	HIV-/unknown								
Female	HIV+/indeterminate								
	HIV-/unknown								
Transgender	HIV+/indeterminate								
	HIV-/unknown								
Unknown/ unreported	HIV+/indeterminate								
	HIV-/unknown								
Total	HIV+/indeterminate								
	HIV-/unknown								

72. Number of clients during this reporting period by race/ethnicity, HIV status, and age.

Race/Ethnicity	HIV Status	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
White (not Hispanic)	HIV+/indeterminate								
	HIV-/unknown								
Black or African American (not Hispanic)	HIV+/indeterminate								
	HIV-/unknown								
Hispanic or Latino(a)	HIV+/indeterminate								
	HIV-/unknown								
Asian	HIV+/indeterminate								
	HIV-/unknown								
Native Hawaiian or Other Pacific Islander	HIV+/indeterminate								
	HIV-/unknown								
American Indian or Alaska Native	HIV+/indeterminate								
	HIV-/unknown								
More than one race	HIV+/indeterminate								
	HIV-/unknown								
Unknown/ unreported	HIV+/indeterminate								
	HIV-/unknown								
Total	HIV+/indeterminate								
	HIV-/unknown								

Each provider must complete a single CADR for all clients served during the reporting period.

73. Number of clients who were HIV-POSITIVE OR INDETERMINATE during this reporting period by HIV exposure category and age.

HIV Exposure Category	Under 2 years	2–12 years	13–24 years	25–44 years	45–64 years	65 years and older	Age unknown	Total
Men who have sex with men (MSM)								
Injection drug user (IDU)								
MSM and IDU								
Hemophilia/coagulation disorder								
Heterosexual contact								
Receipt of transfusion of blood, blood components, or tissue								
Mother with/at risk for HIV infection (perinatal transmission)								
Other								
Undetermined/unknown								
Total								

STOP HERE IF YOU DO NOT PROVIDE HEALTH INSURANCE PROGRAM (HIP) SERVICES TO YOUR CLIENTS!

Each provider must complete a single CADR for all clients served during the reporting period.

SECTION 7. HEALTH INSURANCE PROGRAM (HIP) INFORMATION

This section should be completed by the state agency and other entities that used CARE Act funds, except funds from ADAP, to pay for or supplement a client's health insurance. This section should **not** *be completed by CARE Act grantees providing funding to another HIP, or by service providers who ONLY PROVIDE VOUCHERS FOR HEALTH INSURANCE. Data on Health Insurance Programs funded through ADAP should be reported in the ADAP Quarterly Reports.*

A Health Insurance Program is a program authorized and primarily funded under Title I or Title II of the CARE Act that makes premium payments, co-payments, deductibles, or risk pool payments on behalf of a client to maintain his/her health insurance coverage.

74. Total number of *UNDUPLICATED* clients in this reporting period:

_____

75. Total number of *NEW* clients served in this reporting period:

_____

76. Gender:

Number of clients:

_____ Male
_____ Female
_____ Transgender
_____ Unknown/unreported
_____ Total

77. Age (at the end of reporting period):

Number of clients:

_____ Under 2 years
_____ 2–12 years
_____ 13–24 years
_____ 25–44 years
_____ 45–64 years
_____ 65 years or older
_____ Unknown/unreported
_____ Total

78. Race/Ethnicity:

Number of clients:

_____ White (not Hispanic)
_____ Black or African American (not Hispanic)
_____ Hispanic or Latino(a)
_____ Asian
_____ Native Hawaiian or Other Pacific Islander
_____ American Indian or Alaska Native
_____ More than one race
_____ Unknown/unreported
_____ Total

79. Annual expenditures for HIP:

Source	Total cost	Undup-licated clients	Total client-months
a. High-risk insurance pool			
Premiums	$ _, _ _ _, _ _ _	_ _ _ _	_ _ _, _ _ _
Deductibles	$ _, _ _ _, _ _ _	_ _ _ _	_ _ _, _ _ _
Co-payments	$ _, _ _ _, _ _ _	_ _ _ _	_ _ _, _ _ _
b. Medicare supplement			
Premiums	$ _, _ _ _, _ _ _	_ _ _ _	_ _ _, _ _ _
Deductibles	$ _, _ _ _, _ _ _	_ _ _ _	_ _ _, _ _ _
Co-payments	$ _, _ _ _, _ _ _	_ _ _ _	_ _ _, _ _ _
c. Other health insurance			
Premiums	$ _, _ _ _, _ _ _	_ _ _ _	_ _ _, _ _ _
Deductibles	$ _, _ _ _, _ _ _	_ _ _ _	_ _ _, _ _ _
Co-payments	$ _, _ _ _, _ _ _	_ _ _ _	_ _ _, _ _ _
TOTAL HEALTH INSURANCE EXPENDITURES			
Premiums	$ _, _ _ _, _ _ _	_ _ _ _	_ _ _, _ _ _
Deductibles	$ _, _ _ _, _ _ _	_ _ _ _	_ _ _, _ _ _
Co-payments	$ _, _ _ _, _ _ _	_ _ _ _	_ _ _, _ _ _

80. Total expenditures: *(Include Item 79 above, "Total Health Insurance Expenditures" plus any other administrative costs.)*

$__ __ , __ __ __, __ __ __

Each provider must complete a single CADR for all clients served during the reporting period.

81. Annual funding for HIP by CARE Act funds:

Funding source	Funding received
Total Title I funds	$ _ _, _ _ _, _ _ _
EMA #1 __ __ __ __	$ _ _, _ _ _, _ _ _
EMA #2 __ __ __ __	$ _ _, _ _ _, _ _ _
EMA #3 __ __ __ __	$ _ _, _ _ _, _ _ _
EMA #4 __ __ __ __	$ _ _, _ _ _, _ _ _
EMA #5 __ __ __ __	$ _ _, _ _ _, _ _ _
EMA #6 __ __ __ __	$ _ _, _ _ _, _ _ _
EMA #7 __ __ __ __	$ _ _, _ _ _, _ _ _
EMA #8 __ __ __ __	$ _ _, _ _ _, _ _ _
EMA #9 __ __ __ __	$ _ _, _ _ _, _ _ _
EMA #10 __ __ __ __	$ _ _, _ _ _, _ _ _
Total Title II funds	$ _ _, _ _ _, _ _ _
Other CARE Act funding	$ _ _, _ _ _, _ _ _

82. Annual funding for HIP by other sources:

Funding source	Funding received
Federal Section 330	$ _ _, _ _ _, _ _ _
Other Federal funding	$ _ _, _ _ _, _ _ _
State/Local	$ _ _, _ _ _, _ _ _
Client payments	$ _ _, _ _ _, _ _ _
All other sources not included above	$ _ _, _ _ _, _ _ _

END OF REPORT